

Your Life, Your Health

2009 Health Benefits Program
Featuring the Traditional Choice® Plan



The Department of Defense
Nonappropriated Fund
Health Benefits Program

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Your Life, Your Health

The Department of Defense (DoD) Nonappropriated Fund (NAF) employers are pleased to offer you and your family a program of health benefits that includes medical, prescription drug and dental coverage.

Nothing makes life easier and more enjoyable than good health. This is why your DoD NAF Health Benefits Program does more than just pay medical bills. It makes it possible for you to afford the services that help you stay well and prevent problems, and receive the care you need when you're sick or injured. It offers special programs that provide support for specific medical conditions. It also gives you access to information and tools so you can make better health care decisions. Perhaps most important, your plan provides services and support to help you get healthy and stay healthy.

We encourage you to think of your health benefits as tools for better living and wiser spending — and to take full advantage of them. After all, it's *Your Life, Your Health*.

This guide contains:

- Descriptions of the health benefits available to you
- Information about value-added “extras” such as health and wellness programs, online services and discount programs
- Enrollment/election instructions

Questions?

If you need help or information, call Aetna Member Services at **1-800-367-6276**, or **1-800-231-7729** if you live overseas. See *Member Services* on page 13 of this guide for more about this important plan feature.



Medical Benefits

Your DoD NAF Health Benefits Program provides medical benefits through the Traditional Choice® Plan from Aetna. Traditional Choice is an indemnity plan that gives you the freedom to receive care from any licensed provider and pays the same level of benefits regardless of which provider you use. Employees who live overseas may enroll in the Aetna Global Benefits® AGB Traditional Choice.*

The Traditional Choice Plan

Traditional Choice is an indemnity medical plan that allows you to select any licensed physician you wish when you need care. Once you meet the annual deductible, the plan typically pays a percentage of the expense (usually 80%) based on reasonable and customary charges, and you pay the balance (usually 20%). This is called “coinsurance.” You pay for the cost of your care up front. Then you complete and submit a claim form to Aetna to be reimbursed for covered expenses.

The Traditional Choice summary of benefits chart enclosed with this guide shows the plan’s annual deductible, coinsurance levels and annual out-of-pocket maximum.

* The Traditional Choice Medical Plan and the AGB Traditional Choice Medical Plan is administered by Aetna Life Insurance Company. These plans are offered to eligible DoD NAF employees, retirees and dependents who do not have access to the Aetna Open Choice® PPO network, or live overseas.

Your Medical Plan ID Card

After you enroll for the first time, you will receive two Aetna ID cards with the names of all covered family members and the Member Services toll-free number on it. Keep your card handy and show it at the doctor’s office to let them know that you are enrolled in Traditional Choice. Also show it at participating pharmacies in the United States to get preferred rates for prescription drugs (see page 5 for details). Pharmacy copays are listed on the back of your ID card. *If you don’t use participating pharmacies, you won’t have any coverage for prescriptions.*



About Precertification

Precertification is the advance review of a hospital admission to ensure that the setting and length of stay are appropriate to the diagnosis. Here’s what you need to know about this plan requirement:

- If your doctor recommends a hospital stay, you must initiate the precertification process by calling Member Services at least 14 days before you are admitted to the hospital.
- If you do not call Member Services to precertify a hospital admission, you will be required to pay a penalty of \$500.
- The precertification requirement is waived for emergency admissions, hospital care received overseas, and for those who have Medicare as their primary coverage.

How the Plan Works

Under the plan, you must first meet an **annual deductible**. The annual deductible is the amount you must pay out of your own pocket each year before the plan begins to pay benefits. **The deductible does not apply to preventive care services.** After you meet the deductible, you and the plan share the cost of covered services. This arrangement is called **coinsurance**. The plan pays a percentage of the cost of covered services, and you pay the balance. The reasonable and customary cost is the prevailing rate for the service in your geographic area.

Annual Deductible	
Individual	\$200
Family of 2	\$400
Family of 3 or more	\$600

Each family member must meet his or her individual deductible. For a family of two, the deductible is met when each family member meets his or her individual deductible, or \$400. For families of 3 or more, the maximum deductible is \$600.

Traditional Choice has an **annual out-of-pocket maximum** that limits your expenses and protects you from the high cost of a serious illness or injury. Once your deductible and coinsurance combined reach this annual limit, the plan pays 100% of your covered expenses for the remainder of the plan year. Services for which the coinsurance is 50% do not count toward the out-of-pocket maximum.

Annual Out-of-Pocket Limit	
Individual	\$3,000
Family of 2	\$6,000
Family of 3 or more	\$9,000

Each family member must meet his or her individual limit. For a family of two, the out-of-pocket limit is met when each family member reaches his or her individual out-of-pocket limit, or \$6,000. For families of 3 or more, the maximum out-of-pocket limit is \$9,000.

Important: Prescription drug copays, confinement fees and non-covered expenses do not count toward the out-of-pocket limit.

Stay Well with Traditional Choice

Unlike many standard indemnity plans, Traditional Choice provides generous benefits for preventive care services, which can catch problems early and help you and your family stay well. **The following services are covered at 100% of reasonable and customary charges with no deductible.**

- Well-baby care to age 7, including doctor visits and immunizations
- One annual routine physical exam (including immunizations), age 7 and older
- One annual routine gynecological exam, including Pap test and lab fees
- One annual mammogram for women age 35 and older
- One annual prostate screening for men age 40 and older
- One annual routine hearing exam
- One annual routine eye exam

Preventive care benefits are a valuable part of your health plan and an important step in staying healthy. We encourage you to visit your doctor for these important exams and screenings.

In an Emergency

If you have a medical emergency, go to the nearest hospital immediately and get the care you need. Then, call Member Services. To help control costs, you are encouraged to use the emergency room for true emergencies only.

A true emergency is a severe illness or accident that could lead to a serious risk to your health, or to death if not treated immediately. Examples include bleeding that will not stop, compound bone fractures, loss of consciousness, stroke and severe chest pains. If you use a hospital emergency room for non-emergency care, you will pay 50% of the cost after meeting the deductible.

Sometimes you need urgent — not emergency — care. Sprains and a fever are examples of this situation. To avoid the high cost of using the emergency room for non-emergency care, consider using an urgent care center or walk-in clinic.

Receiving Care Away from Home

When you are away from home and need medical care, you'll receive benefits for covered services just as if you were at home. After you get the care you need, complete a claim form and submit it to Aetna for reimbursement.

The Aetna Global Benefits Traditional Choice Plan

NAF employees who live overseas may enroll in the Aetna Global Benefits Traditional Choice Plan. The plan's medical benefits are the same as those described in the previous section. In addition, plan participants have access to international health care "concierge" services through Aetna Global Benefits. Here is just a sample of what is available to help you and your family use your health benefits and receive quality care — no matter where in the world you live.

Multilingual member service professionals, available 24 hours a day via toll-free phone, fax or e-mail, can assist with:

- Finding health care services around the world;
- Answers to questions about claims, benefits and coverages;
- Processing and paying claims in virtually any language and in over 100 currencies, using check, wire or direct deposit.

The International Health Advisory Team (IHAT) gives you a single point of contact for routine and special health care needs. The team has extensive experience with health care delivery systems throughout the world and can help with medical evacuations, emergencies, medical case management, finding medical devices and prescription medications, and other needs

A wealth of online health information is available at www.aetnaglobalbenefits.com. Whether you are on assignment or live overseas, the following online tools can help make it easier to find health care and other vital information.

- A database of international direct pay hospitals that have contracted with AGB to provide quality care to members.
- An international doctor directory, with important information about doctors and specialists around the world.
- CityHealthSM profiles, containing information about health risks, vaccinations, local health systems, emergency phone numbers and currencies in hundreds of locations.
- Translations databases for drug names and medical terms and phrases.
- Aetna Intellihealth[®] health and wellness website with up-to-date information on hundreds of topics.

You'll also find security information, travel tips and easy access to claim and other important benefits-related forms.



Prescription Drug Benefits

When you enroll in the Traditional Choice Plan, your prescription drugs will be covered under the Three Tier Pharmacy Plan from Aetna. Under this plan, you can fill short-term prescriptions at participating retail pharmacies (for up to a 30-day supply) and long-term prescriptions through the mail-order service (for up to a 90-day supply).

Important: The plan does not cover prescription drugs purchased at non-participating pharmacies in the United States, the District of Columbia, Puerto Rico, Guam or the U.S. Virgin Islands.

Visit a Participating Retail Pharmacy

When you need to fill a short-term prescription, you can get up to a 30-day supply of medication at retail pharmacies that belong to the Aetna network (called participating pharmacies). Just take your prescription and your Aetna medical plan ID card to any of more than 59,000* participating pharmacies located in the United States, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands. You pay your share of the cost in full at the time of purchase as shown in the chart to the right. There are no claim forms to complete.

To find a participating pharmacy near you, use the DocFind® directory at www.aetna.com (turn to *Online Services* on pages 8 and 9 in this guide for more about DocFind). Or, call Member Services for a list of participating pharmacies.

Use the Aetna Rx Home Delivery® Program

Use the mail-order program to save on medications you need on a regular, long-term basis. You may order up to a 90-day supply and enjoy the convenience of home delivery. Shipping is free and the packaging is confidential. In addition, you'll pay less for your medication than you would at a participating retail pharmacy.

You can order a 90-day supply of medication for what you would pay for a 60-day supply at a participating retail pharmacy. If you have questions about your prescription, registered pharmacists are available to answer them 24 hours a day, 7 days a week. It's also good to know that mail-order pharmacies use the same quality and accuracy checks on prescriptions as participating retail pharmacies. For more information, visit www.aetnarxhomedelivery.com or call (toll free) at 1-866-612-3862.

This chart shows how you'll pay for prescription drugs in 2009:

Using a participating retail pharmacy	Your cost for up to a 30-day supply:
Tier One – Generic drugs	\$10 copay
Tier Two – Brand-name drugs on Preferred Drug List	\$20 copay
Tier Three – Brand-name drugs not on Preferred Drug List	35% of negotiated price* the minimum you pay per prescription is \$35; maximum is \$100.

Using the mail-order program	Your cost for up to a 90-day supply:
Tier One – Generic drugs	\$20 copay
Tier Two – Brand-name drugs on Preferred Drug List	\$40 copay
Tier Three – Brand-name drugs not on Preferred Drug List	35% of negotiated price* the minimum you pay per prescription is \$70; maximum is \$200.

*Participating pharmacies agree to charge discounted prices for prescriptions filled by Aetna members. Your share of Tier Three drug costs is a percentage of these discounted (or "negotiated") prices.

Prescriptions Obtained Overseas

While you are overseas, you should fill short-term prescriptions (up to a 30-day supply) at your local pharmacy. The expense will be covered at:

- 100% after deductible for generic drugs
- 80% after deductible for brand-name drugs

You will need to submit a claim form to Aetna using the address printed on your ID card to be reimbursed for your covered expenses.

Also, while you are overseas, the Three-Tier Pharmacy Plan is available only for long-term prescriptions (up to a 90-day supply) that you order through the Aetna Rx Home Delivery Program. In order to use the mail-order service, prescriptions must be issued by a doctor licensed to practice in the United States, the District of Columbia, Puerto Rico, Guam or the U.S. Virgin Islands. Prescriptions must be sent to an APO/FPO mailing address.

* Aetna Enterprise Provider Database as of July 1, 2008.

Smoking Cessation Products

Your prescription drug plan also includes a discount program for smoking cessation products. With a valid prescription, you may purchase smoking cessation and nicotine replacement products (such as patches and inhalers) at participating pharmacies or through the Aetna Rx Home Delivery® Program. You pay 100% of the *negotiated* cost of these products, which is lower than the retail price you would normally have to pay.

Estimate the Cost of Prescriptions Online

Aetna Navigator features an online "Estimate the Cost of Care" tool for prescription drugs that allows you to:

- Compare the estimated costs at a retail pharmacy with the costs of the mail-order service.
- See if alternative drug choices, including generics, could save you money.
- Learn key facts about your medications, such as how they are used and if there are any side effects.
- Find out if there are any coverage limitations for a certain drug.

To use this valuable feature, visit Aetna Navigator at www.aetna.com. Click on "Take Action On Your Health" and then select "Cost of Care." See page 8 for more information about Aetna Navigator.

About the Preferred Drug List

The Preferred Drug List shows the generic and brand-name drugs that are covered under your plan. All drugs on the list were chosen based on quality and cost-effectiveness, and they are all approved by the U.S. Food and Drug Administration (FDA). If you are currently taking a brand-name drug, you can check the Preferred Drug List for your medication. If it is listed, you will see the name(s) of the generic(s) that can be used as a substitute. You can then ask your doctor about switching to the generic drug.

For additional information, and to view the list online, visit www.aetnapharmacy.com and select "Consult the Preferred Drug List." The next screen will include a link to the list. Click on the link and you will be prompted to select your Aetna Pharmacy plan type, which is "Three Tier Open Formulary." Hit "Submit" to access the list that applies to your plan.

Why generics are a good idea: When your doctor prescribes generics, you pay the lowest copay under the plan. It's important to know that generic medications have been approved by the FDA as safe and effective. They contain the same active ingredients in the same amounts as brand-name drugs, although they may be a different size, color or shape.

Learn more about your Rx benefits:

- Online: At www.aetnapharmacy.com
- E-mail: Click "Contact Us" to e-mail Member Services from Aetna Navigator
- Telephone: Call Member Services at the toll-free number on your ID card



Dental Benefits

When you enroll in the Traditional Choice Plan or an HMO plan with no dental coverage, you are also eligible to enroll in the Passive PPO Dental Plan. NAF employees who live overseas and enroll in the Traditional Choice medical plan are eligible to enroll in the Aetna Global Benefits Dental Plan. This plan offers the same coverage as the Passive PPO Dental Plan, except that you may visit only a licensed dentist and still receive benefits.

New in 2009*

The following dental plan enhancements will take effect on January 1, 2009:

- There will be no age limit on fluoride treatments. Research has shown that fluoride is effective in adults as well as children.
- The plan will also cover two “problem-focused” exams per year at 100%. This is in addition to two preventive care exams.
- A third cleaning will be covered (per year) if additional cleanings are recommended as a preventive measure for certain medical conditions, such as pregnancy, diabetes, and heart disease. Contact Member Services for details.

The Passive PPO Dental Plan

The Passive PPO Dental Plan offers generous coverage for preventive care services and gives you the freedom to use any licensed dentist you wish. It also gives you the opportunity to save money when you receive dental care from a dentist who belongs to the Aetna dental preferred provider network.

How the plan works

Network dentists have negotiated their fees with Aetna. They generally charge less than non-network dentists, so your benefits are based on a lower cost. This means you pay less for your dental care. Network dental providers also file claims for you.

When you receive care from a dentist who does not participate in the Aetna dental network, your benefits are based on the reasonable and customary charge for that service in your geographic area — which is higher than the negotiated fee. As a result, your share of the cost may be higher. In addition, you may need to file your own claims with Aetna to be reimbursed for your covered expenses.

Using a network dentist is voluntary. Either way, the same services are covered. To encourage good dental health, the plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a portion of the expense, depending on the service you receive.

Please refer to the enclosed dental summary of benefits chart to see how dental services are covered under the plan.

Finding network dentists

To find a network dentist near you, use DocFind. You can also request a printed directory by calling Member Services at **1-800-367-6276**. For more about using DocFind, turn to the *Online Services* section of this guide (see page 9).

The Aetna Global Benefits® Dental Plan

The Aetna Global Benefits Dental Plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a portion of the expense, depending on the type of service you receive. When you are overseas, you may visit any dentist and receive benefits from the plan. If you decide to seek dental care while in the United States, you can take advantage of the stateside Passive PPO Dental Plan described previously.

Finding dentists

For help with dental care overseas, you can call the AGB International Service Center toll free at **1-800-231-7729** or e-mail agbservice@aetna.com.

To find a network dentist in the United States, use DocFind. You can also request a printed directory by calling Member Services at **1-800-367-6276**. For more about using DocFind, turn to the *Online Services* section of this guide.

Important: You must enroll in the Traditional Choice Medical Plan, or an HMO medical plan that does not offer dental coverage, in order to elect the Passive PPO Dental Plan described in this section.

DoD NAF employees who live overseas must enroll in the AGB Traditional Choice Medical Plan in order to elect the Passive PPO Dental Plan. Overseas employees may also elect the Stand Alone Dental plan under the DoD NAF Health Benefits Program.

If you are a newly hired employee, you have another option. You may choose to enroll in the Stand Alone Dental Plan for dental-only benefits during your eligibility period. The Stand Alone Dental Plan cannot be combined with enrollment in a medical plan under the DoD NAF Health Benefits Program. Information about the Stand Alone Dental Plan will be provided in a separate enrollment package for new hires. Contact your Human Resources Office for plan details and enrollment information.

If you are a current employee, you may **not** enroll in the Stand Alone Dental Plan during this year's Annual Plan Selection Period, except under certain conditions. (see your Human Resources Office for details). Your next opportunity to enroll will be during next year's Open Enrollment Period.

*These changes do not apply to the Stand Alone Dental Plan.

Online Services

As an Aetna member, you'll have access to the following online services:

Aetna Navigator®

Once you've enrolled with Aetna, you can register to use Aetna Navigator, a secure member website that offers information and self-service convenience to help you manage your health — and your health benefits.

At Aetna Navigator, you'll have a personalized home page, plus access to:

- **DocFind**, the online provider directory where you can get a wealth of information about doctors, dentists, pharmacies, hospitals and other health care providers. DocFind is available in English and Spanish. See the next page for more about DocFind.
- **Benefit information**, including a list of covered family members, claim information, and the care management, wellness and health improvement programs included with the plan.
- **Pharmacy information**, including the Preferred Drug List, a directory of participating pharmacies and the Aetna Rx Home Delivery mail-order service.
- **Your Personal Health Record (PHR)**, a handy online record of medical treatments and other information gathered from your claims, the Health Assessment at Simple Steps To A Healthier Life®, and facts you provide on your own. The PHR is not available to overseas employees. For more about the PHR, see *Personal Health Record* on the next page.

- **Cost-of-care tools**, online tools that give you the estimated average costs of medical procedures, office visits, tests, diseases and conditions, and prescription drugs. You can compare the cost of brand-name drugs to generics at participating retail pharmacies and through the mail-order service.
- **A hospital comparison tool** that lets you compare outcomes for certain procedures at preferred hospitals in your area.
- **Claim features and services** that let you check the status of a claim, find out about claim payments, view Explanation of Benefits (EOB) statements and ask for e-mail alerts when new information becomes available. If you have questions, you can e-mail Member Services right from the claims detail page and send messages about specific claims with important information already filled in. There's even a feature that lets you "turn off" paper EOBs and view your statements online for up to two years. You can download claim forms, too.
- **Self-service features** that let you take care of personal benefit business such as requesting a replacement ID card (and printing a temporary ID card to use in the meantime), downloading and printing claim and other standard Aetna forms, and making changes to personal information such as e-mail and regular mailing addresses.
- **Reliable, up-to-date information** on health conditions and hundreds of other related topics through links to Aetna IntelliHealth® and Healthwise® Knowledgebase wellness websites. (Note that Healthwise Knowledgebase is available in English and Spanish.)
- **Member Services**, via secure e-mail. You can e-mail Member Services with questions and requests, right from Aetna Navigator.

You'll also find more information about Aetna health and wellness programs and discounts on health-related products and services described on pages 10 through 13 of this guide.

Where to Start

There's a lot to see and do at Aetna Navigator. To get started, you'll just need to complete a quick registration process. Visit www.aetna.com and look for the "Register Now" link on the home page. You can then use the Aetna Navigator Health Information Guide for easy links to the site's resources. Look for the Guide at the Aetna Navigator home page under "Take Action On Your Health."



DocFind®

To find local dentists or pharmacies that participate in the Aetna network, you can use the DocFind directory. Here's how:

- Go to www.aetna.com.
- Click on "Find a doctor" to the right on the home page, under "Shortcuts."
- Start your search under "General Search."
- Fill in the geographic information requested, and select a distance you are willing to travel.
- Choose a Provider Category (dental, pharmacy, etc.)
- Choose a Provider Type (such as dentist, pharmacy).
- Under "Select a Plan," scroll down to find Dental PPO/PDN or "all plans" for a pharmacy search.

Note: Once you've registered with Aetna Navigator, your plan name and zip code will be filled in automatically when you are signed on and use DocFind.

DocFind lets you search for providers by:

- City, state, zip code
- Gender
- Provider name
- Specialty

For each doctor, DocFind provides information about his or her credentials and practice, including medical school attended, board certification, plans accepted, languages spoken, office location and hours, and parking and handicapped access. You can even get maps and driving directions to find a doctor's office. DocFind also offers cost and quality-of-care information to help you make the best provider choice. Plus, DocFind tells you about programs your doctor may work with, including ePrescribing, online visits and electronic payment options.

Important: DocFind is updated three times a week, so it contains the most current information available. But if you aren't sure about a provider's network status, you can either call the provider's office or call Aetna Member Services.

Personal Health Record

(This service is not available to overseas employees)

The **Personal Health Record (PHR)** is an online service that provides a secure place for all your health information. Each time you have a new medical claim (such as a prescription filled or a lab result), it's automatically added to your PHR. You can add your own information too, such as over-the-counter drugs, family history and health problems you may not necessarily see a doctor for (like back pain). You can even give permission for your doctor to see your PHR.

Your PHR also provides health alerts and reminders from MedQuery®, a health monitoring system. MedQuery gathers information from your health plan. Examples are doctor and hospital visits, lab reports and information about prescriptions you fill. It also uses information that you add to your PHR. Next, the system compares your health information to the latest medical knowledge. If it sees a chance to improve your care, it posts an alert on the home page of your PHR and sends an e-mail to notify you of the posting. Your doctor also receives an alert via telephone or fax. Once you and your doctor receive an alert, it's up to you to discuss it and decide whether or not to take action. This may involve changing a course of treatment, trying a different medication or exploring other options for care.

To find your Personal Health Record, you'll log on to Aetna Navigator and use the link on your home page. You will need to be registered with Aetna Navigator — a quick and simple process that starts when you click the "Register Now" link at www.aetna.com.

It's important to know that all information in your PHR is **kept private and secure**. It is **never** shared with your DoD NAF employer. Only you can see the information in your PHR unless you decide to let your doctor see it as well.



Health and Wellness Programs

When you enroll in Traditional Choice, you and your family can take advantage of special programs that help you live healthier.

Simple Steps To A Healthier Life®

Simple Steps To A Healthier Life is an online wellness program that gives you information, tools and guidance to improve your diet, get in shape, cope with stress and learn about ways to enjoy better health at all stages of life. Here's how it works:

Step 1

You complete the Health Assessment

The Health Assessment is a secure, confidential questionnaire that helps identify your personal health risks. The questions cover areas such as eating habits, tobacco and alcohol use, dental health, safety practices, emotional health, preventive practices and screenings, family history and work-life balance.

Step 2

You receive a personalized health report and an action plan

Based on your answers to the Health Assessment, you receive an overall "health score," plus a personalized health report and action plan. Your action plan includes recommended online Healthy Living programs in areas such as nutrition, fitness, stress relief, smoking cessation and more.

Step 3

You follow the online Healthy Living programs

The programs are broken down into easy-to-complete weekly modules. Program features include "to-do" lists, quizzes, calculators, FAQs, articles and interactive tools such as:

- Quick & Easy Dinners: For tasty meals ready in less than 30 minutes
- Meal Planner: To help you eat healthier without working harder
- Fitness Planner: For workouts to try and fitness tips
- Walking Tracker: To get started — and keep going — on a daily walking program

Finally, to keep you motivated and moving along, you'll receive a weekly e-mail reminder from Simple Steps

Visit as often as you like

There are plenty of other features at the site that make return visits worthwhile. For example, you can use references, quizzes and other tools to learn more about the health topics that mean the most to you — diseases and their treatment, managing chronic conditions, drugs, tests, or medical terms. You can also find healthy, easy-to-prepare recipes, and tips for working better with your doctor.

It's secure and confidential

Any information you provide as part of the Simple Steps To A Healthier Life program is kept strictly confidential and is not shared with your DoD NAF employer.

Aetna Health ConnectionsSM

(This program is not available to overseas employees.)

Living with a chronic health problem can be difficult, but you don't have to manage it alone. The Aetna Health Connections program can help. It's designed to help people living with chronic conditions better understand their condition and its treatment and make lifestyle changes that can improve their overall health.

The program offers support for more than 30 common medical conditions in categories that include:

- Bones
- Brain and aging
- Cancer
- Digestive
- Heart and blood system
- Kidney
- Lungs
- Other, such as sickle cell disease, cystic fibrosis and weight management

Once you're enrolled with Aetna, a program nurse may contact you if you are eligible to participate in Aetna Health Connections. Your doctor may also refer you to the program, or you may refer yourself by contacting Member Services. If you decide to join, you'll benefit from:

- **Your own nurse consultant**, a specially trained registered nurse who can help you better manage your condition, get the treatment and preventive care you need, avoid or minimize complications and enjoy better health.
- **Information, education and support** to help you better understand and manage your condition(s), follow your doctor's treatment plan and make positive changes to reach your personal health goals.
- **Referrals** to clinical professionals such as diabetes counselors and nutritionists for specialized services and support.



With Aetna Health Connections, the focus is on you, not your health conditions. You get educational materials mailed to your home. You get access to online resources you can use any time. You also benefit from advanced technology that looks out for your health and safety. Aetna's CareEngine® system continuously scans your health data and compares it to current guidelines of care. If it identifies problems with your care, dangerous drug interactions or other opportunities to improve your care (and your health), it notifies you and your doctor. It also sends reminders via e-mail about getting the preventive care you need.

There are several ways to get started with Aetna Health Connections. An Aetna nurse may contact you if your doctor lets Aetna know that you could benefit from the program. Aetna also may identify you as a potential candidate for the program through your medical or pharmacy claim information or its own patient management staff or systems. But you don't have to wait to be contacted. If you are living with one or more chronic conditions (or believe you may be at risk), you can call Aetna at **1-866-269-4500** to learn more about Aetna Health Connections and get started with the program. You can also submit a request through Aetna Navigator at **www.aetna.com**. From the Aetna Navigator home page, click on the Benefits tab and select Health Programs.

The decision to participate in Aetna Health Connections is completely up to you. Remember, your medical information is confidential and is **not** shared with your DoD NAF employer.

Informed Health® Line – 1-800-556-1555

(This program is not available to overseas employees.)

Informed Health Line is a toll-free number you can call anytime — 24 hours a day, 7 days a week, 365 days a year — for answers to health-related questions and information to help you make sound decisions and choices.

Call Informed Health Line to talk to a nurse

It's not always possible to talk with your doctor when you have a health question or concern or a health-related decision to make. But you can call the Informed Health Line and talk with a trained registered nurse who will:

- Answer health-related questions
- Help you decide whether or not to go to a hospital emergency room
- Tell you how to take care of a health problem until you can get to a doctor
- Help you understand health problems and how they are treated

- Give you guidance on what questions to ask your doctor
- Give you the facts about the latest medical treatments and procedures and explain their risks and benefits

While the Informed Health Line nurses can't prescribe drugs or diagnose medical conditions, they can give you advice and help you with your choices and also coach you on how to communicate better with your doctor. They'll give you the facts you need to make decisions and choices you can feel good about.

Call Informed Health Line to listen to recorded information

Informed Health Line also includes an audio health library that lets you listen to health information on the phone, 24 hours a day. The library covers 2,000 topics in English and more than 700 in Spanish. With the audio library, you can listen to information on sensitive health topics privately.

The National Medical Excellence Program®

(This program is not available to overseas employees.)

For help with extremely complex medical procedures, the Traditional Choice Plan includes the National Medical Excellence Program from Aetna. This voluntary program provides care coordination and other services when your provider decides that you need to have a highly specialized medical procedure performed, such as an organ transplant. Coverage includes surgery for organ and tissue transplants such as heart, lung, liver, bone marrow, kidney and pancreas. Certain organ transplant combinations are also covered.

The procedure will be performed at a designated Institutes of Excellence™ hospital. These hospitals have national reputations for their skill at certain types of organ transplants and complex medical care. Surgical teams in these hospitals perform many of these specialized procedures and have a proven track record of success.

Your provider and an Aetna case manager will coordinate your care. If the hospital is more than 100 miles from your home, you will also receive a travel and lodging benefit for you and one companion.



Discount Programs

Once you've enrolled in an Aetna plan, you can take advantage of discount programs to save on health-related products and services. To learn more about your discounts and how to use them, call Member Services at **1-800-367-6276**. Or, if you're registered with Aetna Navigator, you can go to **www.aetn navigator.com**, log on and click on the Benefits tab on your home page. Select "Health Programs" for a list of links to the discount programs.

Attention overseas employees!

The discount programs described in this section rely on stateside provider networks. As a result, they are not available overseas. You and your dependents can take advantage of these programs when you are in the United States, and covered dependents living in the United States can use them any time.

Aetna VisionSM Program

The Aetna Vision program helps you and your covered family members save on eye care products and services, including eyeglasses, contact lenses and solution, non-prescription sunglasses and LASIK surgery. You can even get discounts on items such as eyeglass chains, designer frames, sunglasses and other vision accessories not usually covered by insurance.

To use your discount, simply visit a participating provider and show your Aetna ID card. You can choose from thousands of providers, including national chains such as Pearle Vision®, Lenscrafters®, JCPenney®, Target Optical® and participating Sears Optical® locations. To find a provider, visit DocFind at **www.aetna.com** and select "Find a doctor". Enter the geographic information as requested. Under "Provider Category", select Pharmacy/Vision Discount/Hearing and under "Provider Category", select Vision Discount Program. You can also call **1-800-793-8616** for assistance with locating a participating provider.

Aetna HearingSM Discounts

You and your covered family members can save on the latest hearing aid styles and technologies with Aetna Hearing Discounts offered through HearPO®, a national hearing benefits provider. The program gives you 40% off the retail price of hearing exams and hearing aid services (including repairs) at more than 1,500 participating locations across the country. Plus, there are no referrals and no claims required to receive your discount.

To find a HearPO location near you, call **1-888-HEARING (1-888-432-7464)** weekdays from 9 a.m. to 6 p.m. ET. Or visit DocFind and under "Provider Category," select Pharmacy/Vision Discount/Hearing, then under "Provider Type," select Hearing Locations. When you visit the provider, just show your Aetna ID card and the discount will be applied on the spot.

Aetna FitnessSM Discount Program

With the Aetna Fitness Discount Program, you and your covered family members can get discounts on health club memberships* and certain home exercise equipment and videos. The program is offered through GlobalFit™, one of the nation's leading providers of fitness services and facilities, with more than 10,000 locations nationwide. Program features include special membership rates, free guest passes,** guest privileges and convenient payment options, as well as access to at-home weight loss programs and personal health coaching.

You can learn more about this program and find a list of participating clubs by calling GlobalFit at **1-800-298-7800** or by visiting **www.globalfit.com/fitness**.

* At some clubs, program participation may be available only to new club members.

** Not available in all areas.



Aetna Natural Products and ServicesSM Program

Aetna uses its bargaining power to offer you and your covered family members discounts on complementary health and wellness products and services through the Aetna Natural Products and Services Program. Offered by American Specialty Health[®] (ASH), the program provides discounts on:

- Acupuncture
- Chiropractic care
- Massage therapy
- Nutrition counseling from registered dietitians

The program also provides discounts on healthy lifestyle products, including over-the-counter vitamins, herbal and nutritional supplements, aromatherapy, yoga equipment and more.

You can find participating natural therapy professionals on DocFind. To use the program, visit one of the participating providers, show your medical plan ID card, and pay the special discounted fee when you receive the service.

Aetna Weight ManagementSM Discount Program

This program offers special rates on personalized Jenny Craig[®] weight loss programs and services. Once you are enrolled in an Aetna plan and registered with Aetna Navigator, you can get started with the program. You register through Aetna Navigator, print a registration coupon and call **1-800-965-3669** to find a Jenny Craig centre near you. When you visit, just bring your Aetna ID card and you'll receive a free consultation and a free 30-day trial membership. After that, you can get:

- 50% off a 6-month Gold or one-year Platinum program
- 20% off a Jenny Rewards one-year program

As a participant, you'll receive discounts on personalized consultations, motivational tools and, with certain programs, weekly food purchases. You'll also have one-on-one support from trained weight loss consultants, including personalized menu planning, activity planning, motivational materials and free unlimited use of Jenny eTools.

Aetna Member Services – 1-800-367-6276

Once you're enrolled in an Aetna plan, help and information are just a phone call or e-mail away. You can contact Aetna Member Services:

- For information about doctors as well as network dentists and pharmacies, including a doctor's credentials and whether he or she is accepting new patients
- For information about benefits under your plan
- To precertify hospital care, if required
- To check the status of a claim and/or benefit payment
- For replacement ID cards
- For eligibility questions

Member Services Representatives are available 24/7 at **1-800-367-6276**. You may also send an e-mail to Member Services through Aetna Navigator (www.aetnavigators.com), once you've registered. Click on "Contact Us" at the top of your home page, then choose "E-mail Member Services." Remember, you must be registered to use Aetna Navigator.

AGB International Service Center

(available 24-hours a day; 7 days a week)

Telephone:	Toll Free: 1-800-231-7729 (international) Direct or Collect: 1-813-231-7729
Fax:	Toll Free: 1-800-475-8751 Direct: 1-813-775-0625
TDD: (hearing impaired)	1-800-325-6273
E-mail:	agbservice@aetna.com
Claims Address:	Aetna Global Benefits P.O. Box 30258 Tampa, FL 33630-3258 USA
Overnight Delivery Address:	Aetna Global Benefits 4630 Woodland Corporate Blvd Tampa, FL 33614 USA

Enrollment/Election Instructions

During the Annual Plan Selection Period

If you are currently enrolled in Traditional Choice, your coverage will automatically continue. Your current medical plan election will remain in place unless there has been a network change in your area. However, if you are eligible and you decide to make a change for 2009, you will need to complete the enrollment/election process outlined in the letter from your DoD NAF employer enclosed with this brochure.

New Employees/Newly Eligible Employees

Newly hired and newly eligible employees must enroll within 31 days of eligibility in order to have coverage under the DoD NAF Health Benefits Program. Otherwise, you will need to wait for the next Open Enrollment period to enroll in the plan. To enroll, please follow the enrollment instructions provided by your supporting Human Resources Office.

Retirees

If you are currently enrolled in Traditional Choice, your coverage will automatically continue. Retirees are eligible to make changes to their coverage if there is a qualified family status change. Eligibility criteria for continuation after retirement applies. Please contact your supporting Human Resources Office for detailed information and instructions.

Coverage for Newborns

Important! During your baby's first 31 days, your newborn is automatically covered under your medical plan. However, in order for your child's coverage to continue beyond the first 31 days, you must enroll your newborn in the plan. Please contact your supporting Human Resources Office for details.

